

82070-865, Initial Issue

DOSE AUDIT TEST REQUEST FORM

Reporting Information		Billing Information <input type="checkbox"/> (Same as Reporting)			
Company		Company			
Contact		Contact			
Street Address		Address			
City, State, Zip		City, State, Zip			
Phone No.		Phone No.			
Email		Email			
PO No.					
<small>WILL BE INCLUDED ON INVOICE</small>					
Reporting		Turn-Around-Time (TAT)			
<input checked="" type="checkbox"/> Email Results ONLY		<input checked="" type="checkbox"/> Standard TAT <input type="checkbox"/> Rush TAT (50% Up-Charge) <input type="checkbox"/> Priority TAT (100% Up-Charge)			
SAMPLE INFORMATION					
Product Family (Name)	Sample Identification No.	Lot No.	Product Type		
<small>Exact wording will be included in Final Report</small>	<small>Will be included in Final Report</small>		<input type="checkbox"/> Medical Device <input type="checkbox"/> Tissue <input type="checkbox"/> Other, specify:		
TEST INFORMATION					
Dose Audit Test Code	Method Validation Report No.	No. of samples sent	No. of samples to test	Test Individually	Pooled
	<small>***Required for testing***</small>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Storage Conditions		Sample Disposition:			
<input type="checkbox"/> Room Temperature		<input type="checkbox"/> Discard Samples			
<input type="checkbox"/> Refrigerated		<input type="checkbox"/> Return Samples			
<input type="checkbox"/> Dry Ice		Freight Account No.:			
<input type="checkbox"/> Other, specify:		Shipping Method (Overnight, 2 nd Day):			
STERILIZATION SHIPPING INSTRUCTIONS					
Customer Freight Account No:			Declared Value: (Cost to replace product)		
<input type="checkbox"/> Bill freight charges to CGL Freight Account					
COMMENTS / SPECIAL INSTRUCTIONS					
DISCLAIMERS					
Reporting	All reports will be sent via email. Request for additional copies of reports will be honored. Charges will be invoiced accordingly.				
Turn-Around-Time (TAT)	Unless specified, all samples will be considered Standard TAT.				
Storage Conditions	Unless specified, all samples will be stored at Room Temperature.				
Sample Disposition	Unless specified, all samples will be disposed of 7 days after reporting; samples will be returned in the same condition as listed in "Storage Conditions" section. Handling fee will be applied to invoice.				
Declared Value	Declared Value for Sterilization cost will automatically be added to return shipment.				
Sterilization Shipping	If account no. is not provided, all freight charges will be billed to CGL freight account, shipping fee will be applied to invoice, along with actual freight charge.				
Customer Signature				Date	

CG LABS USE ONLY			
Quote No.			
Test Code	Test Code Description		
Date Received:		Reference Number:	
Time Received: (am/pm)		TRF Received Date:	